(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL D	ΑΤΑ						
Name					Date		
(Last)		(First)	(Middle)				
Address				т	elephone: Horr	ıe	
(Street))	(City)	(State) (Zip)	В	usiness	Ce	211
Are you authoriz	ed to work in	the United	States? Yes	No 🗌			
(If you are hired,	you will be re	equired to fu	irnish proof of your e	mployment eligi	bility.) Email _		
Other names u	sed in prior e	employmer	ıt				
GENERAL IN	FORMATIO	N					
Date Available				Sal	ary Requiremen	it	
Have you previo	usly applied f	or employm	ent with AAPL? Yes	No			
If so, when?			Туре о	of position for w	hich you applied	d	
If yes, give dates	een involunta	rily discharg	ed from a position?	Yes No			
Would you agree selected by the c		<u> </u>	d / or post-employme Io	ent drug screenir	ng by a physicia	n, clinic or ot	her health care provide
EMPLOYMEN	NT		POSITIONS YOU HAVE HE EER WORK. ATTACH AN A			CENT. INCLUDE S	ELF-EMPLOYMENT AND
Current, or last, o	employer			E	mployed from_		to
Street address				Salary (m	ionthly) at start		finish
City			_State	Zip		Telephone	
Name and title o	f immediate s	upervisor			Your t	itle	
Description of du	uties						
Reason(s) for ter	minating, or o	considering a	i change				
May we contact	this employer	r while we ar	e considering your ap	oplication?	Yes	No	

Next previous employer		Employed from	to
Street address		Salary (monthly) at start	finish
City	State	ZipTelep	hone
Name and title of immediate supe	rvisor	Your title	
Description of duties			
Reason(s) for terminating, or cons	dering a change _		
May we contact this employer whi	le we are considering yo	our application? Yes	lo 🗌
Next previous employer		Employed from	to
Street address		Salary (monthly) at start	finish
City	State	ZipTelep	hone
Name and title of immediate super	visor	Your title	
Description of duties			
Reason(s) for terminating, or consi	dering a change _		
May we contact this employer whi	le we are considering yo	our application? Yes N	o 🗌
Next previous employer		_Employed from	_to
Street address		Salary (monthly) at start	finish
City	State	ZipTelep	hone
Name and title of immediate supe	rvisor	Your title	
Description of duties			
Reason(s) for terminating, or consi	dering a change _		
May we contact this employer whi	le we are considering ye	our application? Yes	Io 🗌
Please explain any gaps in your em	ployment history. Atta	ch an additional sheet if necessary.	

EDUCATION	PRINT NAME, CITY AND STATE	DATES		GRAD-	DEGREE
	FOR EACH SCHOOL LISTED			UATE?	RECEIVED
High					
School					
College					
College					
Other					
Education					
Other					
Education					

SPECIAL SKILLS

List applicable professional or technical licenses / certifications relative to your ability to perform the functions of the position for which you are applying:

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying:

List equipment systems or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and / or years of experience:

PERSONAL REFERENCES *

*Not relatives or employers *Not relatives or employers ADDRESS & PHONE NUMBER FIRM NAME, ADDRESS & POSITION OR OCCUPATION HOW LONG KNOWN NAME ADDRESS & PHONE NUMBER I

List below the names of relatives employed by this company and their relationship to you

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately. I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

Signature of Applicant

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy), marital status, disability, age, veteran status, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.